



State of California-Health and Human Services Agency
Department of Health Care Services



Act Now to Complete the Enclosed Application!

Welcome to the Medi-Cal **temporary** enrollment program. It is very important that you fill out and return the enclosed application as soon as possible in order to continue your child's health, dental and vision coverage.

- You are receiving this application packet because your child recently got health care through the Child Health and Disability Prevention (CHDP) Gateway program and because you chose to apply for California's insurance affordability programs.
- This application will be used to apply for both the Medi-Cal and the premium assistance programs through Covered California. You do not need to go to any office to apply. Just fill out the application and mail it back in the enclosed postage-paid envelope.
- When we get your application, we will decide whether your child or children qualify for Medi-Cal or premium assistance programs through Covered California.
- You can get free help in filling out the application by calling 1-800-300-1506 between the hours of 8 a.m. and 6 p.m., Monday through Friday. On Saturday, you can call between 8 a.m. to 5 p.m. The call is free. **When you call this number, you can get the help you need to fill out the application. The help is also free.**

Act now to fill out the application. If you do not have all the information we ask for, sign and send in your application anyway. We can call you to help you finish your application.

Thank you for your interest in California's insurance affordability programs.

Remember: Your child is only temporarily enrolled in the Medi-Cal program. Send in your application now to continue getting health, dental and vision coverage for your child.